

Navy and Marine Corps Medical News

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New Editor-in-Chief Named.

Effective Friday, July 31, Valerie Kremer takes the helm as the new editor for Navy-Marine Corps Medical News Newsletter — MEDNEWS. Valerie became a full-time staff member at BUMED this past June 2009. She has been with the External Communications Directorate before as a intern working in both Public Affairs and Legislative Affairs. Valerie has proven to be a valuable asset and a true team member in every sense. If you have submissions for MEDNEWS, please email them to our new editor at:

Valerie.Kremer@med.navy.mil.

NH Bremerton Corpsman Selected as Navy's IDC of the Year

By Shayna Brouker, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Hospital Corpsman First Class Stephanie Minix was awarded Independent Duty Corpsman of the Year from amongst every Navy-wide shore-based IDC.

Serving in Iraq with the 1st Supply Battalion, USMC, from February to September 2008, Minix was a self-sufficient font of Navy Medicine knowledge and ability during her time as an Individual Augmentee - just as an IDC is trained to do in the field.

Minix's duties included handling patient care, administrative, and logistical duties. She conducted advanced first aid and basic life support, as well as nursing duties,

minor surgeries, basic clinical and laboratory procedures, and numerous medical and health care needs ranging from routine to emergency. Additionally, as an IDC in the field, and especially in the austere, rustic condition of Iraq, she was also in charge of conducting and directing preventive medicine, sanitation and hygiene checks, and industrial health surveillance programs.

"Without the leadership of a medical officer," explained Minix, "an Independent Duty Corpsman must be ready to handle anything thrown their way and make do with whatever few materials or facilities they have."

Minix fulfilled her multiple roles and then some as the sole medical provider for over 2,000 Marines,

(Continued on page 3)



BREMERTON, Wash. - Hospital Corpsman First Class Stephanie Minix, on IA duty to Iraq with 1st Supply Battalion, USMC, provides a soothing and caring hand in medically treating a local Iraqi child outside of Al Fallujah as part of her Independent Duty Corpsman responsibilities on deployment. Minix, from Naval Hospital Bremerton, was recently named the Navy's Independent Duty Corpsman of the Year (Courtesy photo).

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam M. Robinson, Jr.

August is National Immunization Awareness Month

August is National Immunization Awareness Month and it is an appropriate time to focus our attention on this important topic. Vaccines are among medicine's most significant accomplishments, offering safe and effective protection against infectious diseases. Immunizations not only help protect individuals, they also serve as the cornerstone of our public health system protecting entire communities by preventing or reducing the spread of the disease.

Force Health Protection is Navy Medicine's primary mission. Fundamental to this priority is ensuring a fit and healthy force ready to deploy world-wide in support of a full range of operations, from combat to humanitarian assistance. One of the most important ways we keep our Sailors and Marines healthy is ensuring they have the proper immunizations. Deployments can present health challenges and immunizations are fundamental to help reduce risk of illness and injury.

The outbreak of a novel pandemic strain of influenza, known as H1N1, has understandably heightened awareness and concern throughout the world. H1N1 is a new influenza virus first detected in the United States in April 2009. It has spread world-wide and affected vast numbers of people. Military Medicine, along with public health experts at all levels of federal, state and local government, are actively engaged in this critical issue.

Preparations are already underway for the upcoming seasonal influenza program. Navy Medicine has published information regarding the accelerated schedule

for this year's seasonal flu vaccinations in order to potentially accommodate an additional immunization against H1N1. It is important to understand that influenza is not the common cold. Influenza can be a severe, life-threatening disease and getting an annual influenza vaccine protects many people from getting the disease or becoming severely ill from it. Immunization remains the primary method of reducing the incidence of influenza illness and its complications. The flu vaccine not only helps protect vaccinated individuals, but also protects entire communities by preventing and reducing the spread of the disease.

What can people do to protect themselves against the seasonal flu virus in addition to vaccination? Navy Medicine follows the CDC recommendations to:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

Throughout our history, vaccines have protected our troops from dangerous infections and military medicine continues to be



a leader in vaccine research and development. Our Navy Medicine experts are on the forefront of identification, detection, surveillance and control of infectious diseases around the world. Their efforts are vital to protecting Sailors and Marines world-wide.

Since family readiness is force readiness, family members must also pay close attention to ensure they have their all required immunizations. August is an especially good time with another school year beginning and college-age students leaving for their campuses. Take time to make sure all family members are up-to-date on all required vaccinations. If you have questions, please ask your health care provider.

Additional information about military vaccines is available at www.vaccines.mil. Both the CDC and U. S. Food and Drug Administration are also updating pertinent influenza information at www.flu.gov and www.fda.gov, respectively. Navy Medicine will be monitoring the seasonal influenza virus carefully over the coming weeks and months and will be proactive in developing contingency plans to address any public health issues as needed.

Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or Valerie.Kremer@med.navy.mil.

New TRICARE Regional Managed Care Support Contractors Selected

TRICARE Press Release

FALLS CHURCH, Va. - The Department of Defense (DoD) announced in July the selection of new TRICARE Managed Care Support (MCS) contractors for the North, South and West TRICARE regions in the United States.

This is the third generation (T-3) of TRICARE managed care support contracts. They are worth an estimated \$55.5 billion over the base and five options periods. Transition from the current contracts is scheduled to begin immediately, with the start of health care delivery under the new contracts anticipated to be April 1, 2010. The transition will occur during the base period and health care delivery will begin with the first option.

The TRICARE West region retains its current contractor, TriWest Healthcare Alliance Corp. The selected contractors in both North and South are new.

Aetna Government Health Plans, Hartford, Conn., is selected for the North Region where Health Net Federal Services is the current contractor. UnitedHealth Military & Veterans Services, Minnetonka, Minn., is selected for

the South Region where Humana Military Healthcare Services is the current contractor.

States included in each region and other contract information can be found at a special Web page at <http://www.tricare.mil/T3contracts>.

TRICARE Management Activity (TMA) is the Defense Department activity that administers the health care plan for 9.4 million members of the uniformed services, retirees and their families worldwide. MCS contractors provide health, medical and administrative support services to eligible beneficiaries in each of the three TRICARE regions within the United States.

"We expect all of our managed care support contractors to provide top quality health care and the highest possible customer satisfaction," said Ellen Embrey, who is the acting director of TMA, and is also performing the duties of the assistant secretary of defense for health affairs. "Delivering quality health care to our nation's heroes and their families is our number one priority – with a special emphasis on our wounded warriors."

(Continued on page 5)

Bremerton Corpsman continued...

(Continued from page 1)

other active duty personnel, civilians and Iraqi forces. Despite the long days of typically working from 16 hours to around the clock, she treated over 100 cases a week and still found time to organize humanitarian missions to treat local Iraqi women and children, helping win the hearts and minds of the populace.

Her record boasts a 100 percent survival rate that defied would-be fatal diseases and injuries. She treated 54 emergency cases, and 46 of the injured Marines and Iraqi personnel were able to return to full duty.

Her most challenging case, she said, was treating a diabetic ketoacidosis (an acute, major, life-threatening complication of diabetes) during a sandstorm. With no lab support and no electricity, she resorted to using a dipstick to check the patient's glucose levels, which were dangerously low. If not for her timely and flexible medical assistance, the patient could very well have been lost.

According to Minix, now that she

is back at Naval Hospital Bremerton, the hardest part of her job isn't providing timely patient care in the field, it's more dealing with administrative issues. But an IDC is also a teacher, mentor and tutor. It is her duty to provide education to junior medical and all nonmedical personnel, along with serving primarily as a non-physician health care provider.

"I come to work worrying about the well-being of my docs, from their morale to their family life. Sometimes I have to be involved in their personal lives," she said. "It's a never ending job. My cell phone is never off on the weekends. There's not one weekend it doesn't go off, whether it's someone with trouble or just a question."

Her dedication to mentorship is confirmed by the litany of honors earned by her protégés. Of her Sailors and five assigned protégés, one advanced to E-5, 16 enrolled in college, two were selected as Blue-jacket of the Quarter; one was selected as Junior Sailor of the Quarter; one as Senior Sailor of the Quarter and one as Bluejacket of the Year. They also earned two

Navy and Marine Corps Achievement Medals and one Flag Letter of Commendation.

"I learned as a baby corpsman you have to train the person who's going to replace you. Eighty percent of what I learned was when I was a baby corpsman," she said. "The only thing separating me from a baby doc is the numbers behind my name. I have a little more responsibility."

Minix was raised in a military family and joined the Navy after deciding that college wasn't for her. She had witnessed medical technicians and hospital corpsmen take care of her ill father for 11 years until his death when she was 16. Inspired by their compassion, she decided to become a corpsman.

In her 13-year career, she has received two Navy Commendation Medals, three Navy and Marine Corps Achievement medals, a Navy Unit Commendation and a Meritorious Unit Commendation, among others. She has also earned a Master of Arts Degree in Emergency Management and Preparedness and a Bachelor of Science Degree in Health Sciences.

Navy Medicine Personnel Receive First-of-its-Kind Training

By Lance Cpl. Damien Gutierrez,
Camp Pendleton Public Affairs

CAMP PENDLETON, Calif. – More than 100 Navy corpsman, doctors and nurses preparing for upcoming individual deployments completed a rigorous, first-of-its kind, two-week course directed by Navy Medicine Support Command's Naval Expeditionary Medicine Training Institute (NEMTI) on Camp Pendleton that concluded with a field training exercise July 9.

The course included the Tactical Combat Casualty Course (TCCC), Fleet Hospital and Expeditionary Medical Facility (EMF) pre-deployment training, and an Improvised Explosive Device (IED)/Convoy Operations Security Training Course designed to improve skills in recognizing subtle signs of the presence of an IED. The Navy Medicine students – who will deploy to EMF Kuwait or Djibouti, Africa – were also trained in medical sustainment and combat survival techniques.

"This is a great way for our students to get scenario training," said Capt. Mitchell Dukovich, NEMTI officer in charge. "This is the last stop before going on deployment, and it is our job to work out any kinks they might have. After the students receive this training, they will be able to identify and quickly assess situations they might face while on deployment."

All medical personnel assigned to EMF Kuwait or EMF Djibouti are eligible to attend NEMTI training. Students attending the school vary from Navy physicians, nurses and hospital corpsmen, to non-medical Navy support personnel and Marines.

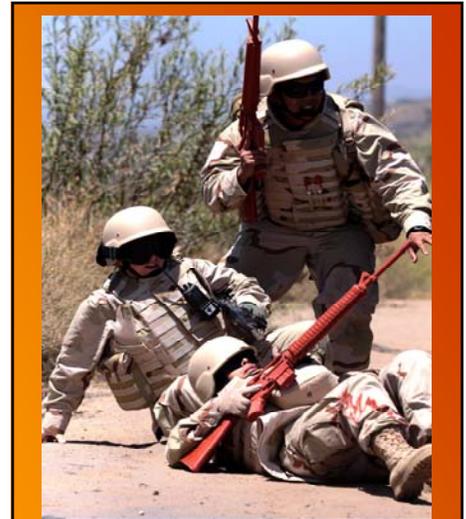
"I feel really fortunate to be a part of the school," said Cmdr. Deborah Roy, a Navy nurse. "This is a terrific way to get everyone together and practice as a team."

Camp Pendleton is the only base, and NEMTI the only command, that provides this specialized training.

"Camp Pendleton's environment is one found nowhere else in the military, and this is something we must take advantage of," said Dukovich.

It is the responsibility of all instructors at NEMTI to identify and provide assistance to any students who may be having difficulties with the curriculum. This way when they are sent off into theatre, the medical personnel are ready to handle a variety of situations with ease.

"Our instructors teach at a high-level of expertise and have had a tremendous amount of deployment experience," said Dukovich. "They are a tremendous asset to this institution and are crucial to its success."



MARINE CORPS BASE CAMP PENDLETON, Calif. - (Top to bottom) Hospital Corpsman 2nd Class Jayson Rosa, deploying to Expeditionary Medical Facility (EMF) Kuwait; Lt. J.G. Joy Smart, a trauma nurse deploying to EMF Djibouti; and Hospital Corpsman 2nd Class Lisa T. Gomez, deploying to EMF Kuwait; pull themselves out of a simulated improvise explosive device (explosion during the Navy Expeditionary Medical Training Institute (NEMTI) field training exercise held at Camp Pendleton, Calif., July 9. *U.S. Marine Corps photo by Lance Cpl. Damien Gutierrez*

For more information about NEMTI, go to www.med.navy.mil/sites/navmedmpte/nomi/nemti or contact the NEMTI Training Department at 1-888-873-1841.

RIO DE JANEIRO, Brazil - A Hospital Corpsman demonstrates how to apply a splint on a broken arm to Brazilian Navy sailors aboard the amphibious dock landing ship USS Oak Hill (LSD 51) July 21. *U.S. Army photo by Pvt. Cory Torres*



NHCP Caregivers Learn to Care for Themselves

By Mass Communications Specialist
2nd Class (SW) Paul Sheets, Naval
Hospital Camp Pendleton Public
Affairs Office

**MARINE CORPS BASE CAMP
PENDLETON, Calif.** – Health care
providers at Naval Hospital Camp
Pendleton have a new tool to help
them help themselves.

Based on the Navy's
Operational Stress Control
program, Navy Medicine has
developed the Caregiver
Operational Stress Control
program.

The program, aimed at
combating occupational stress and
burnout, is being rolled out Navy
Medicine-wide.

Training was held at NHCP for
all hands July 7. An all day session
was held July 6 for departmental
representatives who received more
extensive training and will manage
the program at the departmental
level.

"The idea behind having
someone in the work center with
specialized training is so they will
be better equipped to appropriately
respond to signs of distress or
burnout," said Scott Roney, NHCP
pastoral care counselor and NHCP
COSC team leader.

Some signs are a loss of interest
in social or recreational activities,

irritability, lowered morale, sleep
problems, or other changes.

"Anyone experiencing high
levels of stress or burnout can be
pulled aside by a caring shipmate to
talk and then be steered in the right
direction for assistance."

Assistance comes in many forms
such as informal confidential
one-on-one counseling from a
stress control team member, a
departmental assessment of
working conditions or specialized
departmental training.

Military treatment facilities
located on large operational bases
such as Camp Pendleton provide
medical care to forces that have
been going into combat frequently
for the last few years.

"We service a very large
operating force where Marines are
on their third, fourth, or fifth
deployments and there's a lot of
combat related stress, trauma and
injury," Roney said. "When caring
for a population like that, the stress
inevitably spills over to the
caregivers."

The COSC program is designed
to enhance the resilience of
caregivers to the demands of
exposure to trauma, wear and tear,
loss and inner conflict associated
with providing care for today's
military, Roney said.

"As a command, we're all under
stress and this is a great tool to
help my staff that shows them
there are resources available," said
Lt. j.g. Danilo Mendoza, RN,
assistant division officer, Maternal
Child Infant Nursing.

The program centers around
three key messages: early
recognition, peer support and early
help. However, there is a stigma
involved with talking about this
type of stress.

"Navy medical personnel are
really good at the code of silence;
we just don't talk about this stuff
and how it's affecting us," said
Capt. Richard Westphal, a mental
health clinical nurse specialist with
The Navy Bureau of Medicine and
Surgery. "We have to recognize
when a shipmate is in distress, we
have to break the code of silence
and get them connected to the
appropriate level of support."

The COSC program is based on
a support system that uses the
Navy's and individual units'
strengths to improve mission
readiness by training the majority
of personnel that are okay to help
those who are temporarily
non-mission ready.

"The strength of the Navy is our
shipmate mentality," said Westphal.
"We need to use our strengths to
help each other."

TRICARE continued...

(Continued from page 3)

"Our military hospitals and clinics continue to be
at the center of our health care delivery system," said
TMA Deputy Director Rear Adm. Christine Hunter. "At
TRICARE we are fully committed to augmenting that
system with high quality care for all beneficiaries."

Although two new contractors have been selected,
the three-region structure in the United States and all
of the TRICARE benefit options offered under the
current contracts remain the same.

The T-3 contracts feature financial incentives to
encourage exceptional customer service; high quality
care; detection of fraud, waste, and abuse; increased
electronic claims processing; better program
management, improved preventive care and cost
savings. To apply these incentives fairly, TRICARE has
improved methods to measure and assess network
provider, beneficiary, and military treatment facility
commander satisfaction.

As with the current contracts, the new contracts
require prime service areas around Military Treatment
Facilities and Base Realignment and Closure (BRAC) sites.
Under T-3, some prime service areas may be discontinued,
and as a result some beneficiaries will no longer be offered
Prime. These beneficiaries still retain TRICARE coverage
under the Standard or Extra plan. TRICARE Standard is
the most flexible of the TRICARE options and is available
everywhere. TRICARE Extra is a discount given to
TRICARE Standard beneficiaries when they use a TRICARE
network provider. Officials remind beneficiaries that both
TRICARE Prime and Standard are excellent options with
high satisfaction rates.

"TMA and all the managed care contractors are
dedicated to making a smooth transition with minimal
impact on beneficiaries," said Hunter. "We will ensure that
key information flows to all of our beneficiaries and
stakeholders, in particular those affected by the changes
in contractors or providers."

Salvadoran Woman Travels the Distance for Service in Nicaragua

By Airman 1st Class Benjamin Stratton, USNS Comfort Public Affairs

CORINTO, Nicaragua - A Salvadoran mother drove more than six hours here from La Union, El Salvador, seeking treatment for her eight month old son who was born with crossed eyes.

"The type of procedure we performed for this little boy is common," said Capt. Kristen Zeller, ophthalmologist onboard hospital ship USNS Comfort (T-AH 20).

The procedure may be common, but for this mother the future of her baby means the world.

"A month after his birth I realized he was cross-eyed," said María Concepción Alegeta, mother of the little boy named Diego. "I want him to see well and live a normal life." For a mother to want a normal life for her son is a perfectly ordinary concept. Yet, what mother goes the distance and travels for more than six hours after having been told her son wouldn't be treated due to mission limitations in La Union? María did.

"The procedure performed was a bilateral medial rectus recession,

a form of strabismus surgery," Zeller said. "The overacting muscles are isolated, tied with suture, cut off the eye, and repositioned a few millimeters back, depending on how much crossing there is. In their new position, the muscles can't pull the eye in as much, and the eyes are straightened. This allows the eyes to work together, and fosters normal visual development as Diego grows older."

"I have faith in God everything will be alright," Alegata said. "I feel as though this team serves as miracle workers and we are receiving a huge gift."

CP09 combines U.S. military and interagency personnel, non-governmental organizations, civil service mariners, academic and partner nations to provide medical, dental, veterinary and engineering services afloat and ashore alongside host nation personnel.

Thanks to the many capabilities Comfort provides the mission, surgeries such as this one are made possible.

Despite rough seas and rolling equipment, the surgery went off



CORINTO, Nicaragua - Capt. Kristen Zeller, ophthalmologist onboard hospital ship USNS Comfort (T-AH 20), with the help of Hospital Corpsman 3rd Class Michael Peterson, surgical technologist onboard Comfort, correct an eight-month-old Salvadoran boy's crossed eyes in the operating room of Comfort July 7. U.S. Air Force photo by Airman 1st Class Benjamin Stratton

without a hitch and answered the prayers of yet another partner in the America's.

"I am very grateful for all the people who have had a role in this mission," Alegata said. "There are lots of people who need help here. I am really happy to have been able to come here and receive the help."

National Naval Medical Center Welcomes Home Comfort Crew

By Mass Communication Specialist 3rd Class Timothy Wilson, Journal staff writer

NNMC, BETHESDA, Md. - Navy Surgeon General Vice Adm. Adam Robinson, Jr., National Naval Medical Center Commander Rear Adm. Matthew Nathan and well-wishers welcomed back USNS Comfort crewmembers in the Laurel Clark Memorial Auditorium earlier this month. Comfort officially completed her four-month humanitarian mission in Latin American and the Caribbean July 31 when First Lady Michelle Obama welcomed the crew home at Naval Station Norfolk.

"Thank you very much. It is a wonderful thing to see you out there," Robinson said. "[Humanitarian missions] are something critical for the Navy and critical for the nation and I give you the heartiest congratulations on a job well done."

Comfort's mission, Continuing Promise 2009, was a humanitarian and civic mission to provide assistance in Antigua, Barbuda, Columbia, the Dominican Republic, El Salvador, Haiti, Nicaragua and Panama. Services provided included medical, dental, veterinarian, educational and civic action programs both ashore and afloat.

A collaborative effort between the U.S. military forces, non-governmental agencies and host nations

established partnerships and demonstrated goodwill showing America's lasting commitment to countries in the Caribbean and Latin America.

"It was an interesting trip. We got to work with many different branches of the military, as well as non-governmental organizations," said Cmdr. Shawn Safford, a pediatric surgeon onboard Comfort. "It was a neat experience [being with] that group of people and seeing how we interact with each other to really make a difference. It was amazing."

Comfort treated 100,049 patients, conducted 1,657 surgeries and treated 13,238 animals. The crew completed projects ranging from minor renovations and building new schools to community relations projects and public relation campaigns.

"Hard work, long days, but thinking of the stuff we did, the patients that we saw and the service we provided, I'm really glad I dealt with it," said Hospital Corpsman 2nd Class John Martinez.

Martinez worked in optometry onboard Comfort. One satisfying part of his job was having patients come to the clinics who could hardly see and watching them leave with smiles and glasses on their faces, it makes a big impact on your life, Martinez said.

Surgeon General Defines 'Master Physician' to Graduates

By Loren Barnes, Naval Hospital Jacksonville, Fla. Public Affairs

JACKSONVILLE, Fla. - In a setting befitting the physician's "sacred calling," Surgeon General of the Navy Vice Adm. Adam M. Robinson, Jr. addressed guests, graduating residents, and interns at the Jax Family Medicine Residency Program graduation June 30. The ceremony took place at Naval Air Station Jacksonville Fla.'s Chapel.

The 10 graduating residents were: Lt. Ryan Brenes, Lt. Sonya Brock, Lt. Samuel Caoile, Lt. Emily Crossman, Lt. Cmdr. Lester, Lt. Cmdr. Ramirez, Lt. Marisol Reavis, Lt. Adam Sanborn, Lt. Monique Smith, Lt. Natalie Tussey graduated.

There were 12 interns whom also graduated. The interns are Lt. Paul Bures, Lt. Orlando Cabera, Lt. Matt Fitzgerald, Lt. Remi Lai, Lt. Leslie Lucas, Lt. Tara O'Connell, Lt. James Ries, Lt. Randall Scott, Lt. Dustin Smith, Lt. James Walton, Lt. Christopher Worley, and Lt. John Yosay.

Guests were welcomed to the 38th annual graduation ceremony by Naval Hospital Jacksonville Commanding Officer Capt. Bruce Gillingham.

"This celebrates your hard work and dedication to excellence and pursuit of lifelong learning," Gillingham said. "The time of Navy Medicine has never been as vital to the defense of our nation and it is reassuring to know that there are men and women of your caliber who will be out there serving around the world making sure our Soldiers, Marines, Airmen, Sailors and Coast Guardsmen are well cared for."

He also honored the contributions of all the graduates' families and the program's faculty. Singled out were Capt. Thomas K. Moore, Family Medicine Program Department Head, and Cmdr. Richard W. Sams II, Family Medicine Residency Program Director. Also honored was Vicky Wolff, Graduate Medicine Education Coordinator.

"To become a doctor, is to accept one of the highest callings in

this world," Robinson said. "To be responsible for the health and well-being of fellow human beings, to be a confident and a friend during times of joy and times of desolation is both an honor and a burden."

He also reminded them that the responsibilities they shoulder are especially demanding in times of war – and "we truly are in a time of war." The Surgeon General also asked for humility in this life-long pursuit.

"As you finish your training although you wish to heal you can not. You've been told only God can heal. But make no mistake about this you can always help. You can always be there for your patients and their families," he said. "You can always be a guide for the multitude of transitions and transformations that all of us are destined to make. You can always sit with your patients and offer them the hand of a friend and the comforting heart of a fellow soul even when the remedies, the surgeries, and the medicines of this world have failed."

The Surgeon General also told them they must be sure to allow time and precedence for their families and themselves. He also said they must know their physical and emotional limitations. The essence of what physicians do transcends the medicine – the training and professional skills Robinson said.

"The spiritual bond we maintain with our patients is often the only salve that is present. This bond is fragile. This bond is sacred. This bond must be nurtured to remain vibrant and effective," he said. "The physician who learns this understands the essence of the healing art. That is the art of medicine. That person is truly a master physician."

Graduating Resident Lt. Natalie Tussey said after the ceremony that she is "excited if a little anxious about her new assignment to Branch Health Clinic, Lake Hurst N.J.

"I liked what the Surgeon General said about being spiritually ready and keeping your family close to you. That's what is important,"

she said, "that's what keeps you going."

"Like the Biblical prophet Isaiah, you are being called upon to do an equally sacred task. You must choose your answer very carefully. Your choice will define what you do with your career and your life," Robinson said in his concluding words to the graduating physicians. "And the history of medicine's contributions and the history of military medicine's contributions to human-kind are bound to the choices of those who have answered this divine call before you. We now await your arrival. This is your day. This is your time. Go with God's grace."

The training program at Naval Hospital Jacksonville was initiated as a two-year post-internship training program in General Practice in 1963, restructured into a Family Medicine Residency in 1969 and granted Residency Program approval in 1971 making its graduates eligible for Family Medicine Board Certification. Full accreditation from the Accreditation Council on Graduate Medical Education was granted in 1974. Since 1971, 340 Family Medicine physicians have graduated. Over 98 percent of the graduating residents have obtained Board Certification within one year of graduation.



JACKSONVILLE, Fla. - Surgeon General of the Navy Vice Adm. Adam Robinson M. Robinson (left) and Naval Hospital Jacksonville Commanding Officer Capt. Bruce Gillingham present Lt. Natalie Tussey her Certificate of Residency. U.S. Navy photo by Hospital Corpsmen 3rd Class Jermaine Derrick

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NEPMU-2 to Test for H1N1

**From Naval Medical Center
Portsmouth Public Affairs Office**

**NAVAL MEDICAL CENTER
PORTSMOUTH, Va.** –The Navy
Environmental and Preventive
Medicine Unit No. 2 unveiled and
demonstrate new equipment to test
for H1N1 (swine) influenza July 16.

NEPMU-2 is the first Navy lab on
the East Coast to have the
capability to test human samples
for H1N1. The lab is a unit of Naval

Medical Center Portsmouth located
at Norfolk Naval Station. It will
support Fleet units and operational
forces as well as the 14 Navy
Medicine East hospitals by providing
FDA-approved confirmatory testing
for H1N1. NEPMU-2 will augment
the Naval Health Research Center in
San Diego, state health
departments and the Centers for
Disease Control labs in H1N1
testing.

NEPMU-2 is in the final phase of
evaluating the new processes
before H1N1 analysis begins. The
lab is certified and follows all
federal laboratory regulations to
ensure public safety. Analysts wear
booties, lab coats, eye protection,
and double gloves at all times when
running samples. The new testing
includes automated stations which
can detect DNA and RNA unique to
the H1N1 virus. A sample can be
run in about three hours with a
typical receipt-to-results response
of 48 to 72 hours. The short

turnaround allows doctors to more
quickly initiate proper treatment
and other public health measures,
such as increased hand washing,
wearing a mask or isolating those
affected, if needed.

In addition to the technicians at
NEPMU-2, the unit will cross-train
lab techs from NMCP's clinical lab to
augment staffing if a surge of
samples comes in. Initially, the lab
will have the capacity to test
approximately 50 samples a day
and 300 samples per week.

H1N1 testing is just one of
NEPMU-2's duties. The unit will
continue its primary mission to
support the Navy and U.S. Marine
Corps with specialized preventive
medicine and occupational health
expertise, and advanced
deployment medical surveillance
capabilities. It also serves as a
detection lab, providing chemical/
biological/radiation agent detection,
and identification capability to the
war fighter.



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